

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>		Attorney Docket No. UK02-013		Total Pages 2	
First Named Inventor or Application Identifier: Luigi Gobbi, et al					
Title: Integrated Optical Chip					
Express Mail Label No.		EV 327189060 US			

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10: I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is Addressed to Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>SEPTEMBER 19, 2003</u> (Date) Signature <u>Ronald J. Paglierani</u> "EXPRESS MAIL" Mailing Label No. EV 327189060 US	ADDRESS TO: Mail Stop Patent Application Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450 <div style="text-align: right;"> 16235 U.S. PTO 10/666505 </div>
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form <i>(Submit an original and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>11</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets <u>2</u>] 4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</i>	5. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 6. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 9. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i> 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) 15. <input type="checkbox"/> Other: <i>(if foreign priority is claimed)</i>
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16. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No Prior application information: Examiner: Group / Art Unit:	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

17. CORRESPONDENCE ADDRESS																																									
<input type="checkbox"/> Customer Number or Bar Code Label 22928 or <input type="checkbox"/> Correspondence address below																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6">NAME</td> </tr> <tr> <td colspan="6">ADDRESS</td> </tr> <tr> <td>CITY</td> <td>Corning</td> <td>STATE</td> <td>NY</td> <td>ZIP CODE</td> <td>14831</td> </tr> <tr> <td>COUNTRY</td> <td>USA</td> <td>TELEPHONE</td> <td>607-974-3332</td> <td>FAX</td> <td>(607) 974-3848</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">Ronald J. Paglierani</td> <td>Registration No. (Attorney/Agent)</td> <td>29,201</td> </tr> <tr> <td>Signature</td> <td colspan="3"><u>Ronald J. Paglierani</u></td> <td>Date</td> <td>SEPTEMBER 19, 2003</td> </tr> </table>						NAME						ADDRESS						CITY	Corning	STATE	NY	ZIP CODE	14831	COUNTRY	USA	TELEPHONE	607-974-3332	FAX	(607) 974-3848	Name (Print/Type)	Ronald J. Paglierani			Registration No. (Attorney/Agent)	29,201	Signature	<u>Ronald J. Paglierani</u>			Date	SEPTEMBER 19, 2003
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09/19/03
16085 U.S. PRO

FEE TRANSMITTAL for FY 2003

Complete if Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Luigi Gobbi, et al
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned
Attorney Docket Number	UK02-013

TOTAL AMOUNT OF PAYMENT (\$786.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

03-3325

Deposit
Account
Name

Corning Incorporated

- ☒ Charge Any Additional Fees Required
Under 37 C.F.R. §§ 1.16 and 1.17

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
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1001	750	Utility filing fee	750.00
1002	330	Design filing fee	—
1003	520	Plant filing fee	—
1004	750	Reissue filing fee	—
1005	160	Provisional filing fee	—

SUBTOTAL (1) (\$750.00)

2. EXTRA CLAIM FEES

	Extra	Fee from		Fee Paid
	Claims	below		
Total Claims	22	- 20** =	2 x 18 =	36.00
Independent Claims	2	- 3** =	x 84 =	00.00

Multiple Dependent 0 = 0.00

**or number previously paid, if greater; For Reissues, see below

Large Entity

Fee Code	Entity Fee (\$)	Fee Description
1202	18	Claims in excess of 20
1201	84	Independent claims in excess of 3
1203	280	Multiple dependent claim, if not paid
1204	84	** Reissue independent claims over original patent
1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$36.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	—
1052	50	Surcharge - late provisional filing fee or cover sheet	—
1053	130	Non-English specification	—
1812	2,520	For filing a request for reexamination	—
1804	920*	Requesting publication of SIR prior to Examiner action	—
1805	1,840	Requesting publication of SIR after Examiner action	—
1251	110	Extension for reply within first month	—
1252	410	Extension for reply within second month	—
1253	930	Extension for reply within third month	—
1254	1,450	Extension for reply within fourth month	—
1255	1,970	Extension for reply within fifth month	—
1401	320	Notice of Appeal	—
1402	320	Filing a brief in support of an appeal	—
1403	280	Request for oral hearing	—
1451	1,510	Petition to institute a public use proceeding	—
1452	110	Petition to revive - unavoidable	—
1453	1,300	Petition to revive - unintentional	—
1501	1,300	Utility issue fee (or reissue)	—
1502	470	Design issue fee	—
1503	630	Plant issue fee	—
1460	130	Petitions to the Commissioner	—
1807	50	Petitions related to provisional applications	—
1806	180	Submission of Information Disclosure Stmt	—
8021	40	Recording each patent assignment per property (times number of properties)	1
1809	750	Filing a submission after final rejection (37 C.F.R. § 1.129(a))	—
1810	750	For each additional invention to be examined (37 C.F.R. § 1.129(b))	—
1801	750	Request for Continued Examination (RCE)	—
1802	900	Request for expedited examination of a design application	—

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)**

SUBMITTED BY

Completed (if applicable)

Name (Print/Type)	Ronald J. Paglierani	Registration No. (Attorney/Agent)	29,201
Signature	<i>Ronald J. Paglierani</i>	Date	9/19/03